

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY - REGION 2
Division of Enforcement & Compliance Assistance - Air Compliance Branch (DECA-ACB)
290 Broadway-21st Floor
New York, NY 10007-1866

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification <div style="text-align: right; font-size: 1.2em;">228326</div>
I. TYPE OF NOTIFICATION (O = Original / R = Revised) : Emergency			
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER: SUNY Purchase College			
Address: 735 Anderson Hill Road			
City: Purchase	State: NY	ZIP: 10577	
Contact: Edward Musal			Tel: 914-251-6917
REMOVAL CONTRACTOR: JVN Restoration Inc.			
Address: 47 Foster Road			
City: Staten Island	State: New York	ZIP: 10309	
Contact: John Tardy			Tel: 718-605-6256
Address:			
OTHER OPERATOR:			
Contact:			Tel:
III. TYPE OF OPERATION (D = Demolition / R = Renovation) : R / Asbestos Removal Only			
IV. IS ASBESTOS PRESENT? (Yes/No): yes			
V FACILITY DESCRIPTION (include building name, number and floor or room number): Kitchen			
Building: SUNY Purchase College			
Address: 735 Anderson Hill Road			
Address:			
City : Purchase	State: New York	County: Westchester	
Site Location: Kitchen			
Building Size	SqMeter:	SqFt: 160000	# of Floors: Age in Years 50+
Present Use: School		Prior Use: School	
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Bulk/PLM (AHERA)			
VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:			
	RACM to be Removed Category II		Non-friable Asbestos Material not to be removed Category I
PIPES - Linear Feet			
PIPES- Linear Meters			
Surface Area - Square Feet	210		
Surface Area - Square Meters			
Volume RACM off Facility Component - Cubic Feet			
Volume RACM off Facility Component - Cubic Meters			
xVIII. SCHEDULED DATES OF ASBESTOS REMOVAL: (MM/DD/YY) Start: 1/4/2012 Completion: 1/11/2012			
X. SCHEDULED DATES OF DEMOLITION/RENOVATION: (MM/DD/YY) Start: Completion:			

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:
N/A

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:
Negative air machines under HEPA filtration system. Wet Methods.

XII. WASTE TRANSPORTER #1

Name: Express Waste Services LLC

Address: 614 Frelinghuysen Avenue

City: Newark

State: New Jersey

ZIP: 07114

Contact Person:

Telephone:

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

ZIP:

Contact Person:

Telephone:

XIII. WASTE DISPOSAL SITE

Name: Cumberland County Landfill

Address: 620 Newville Road

City: Newburg

State: PA

ZIP: 17242

Telephone: 717 423-5917

XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW

Name: N/A

Title:

Authority:

Date if Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY) :

XV. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY):

Description of the Sudden, Unexpected Event:

Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:

XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

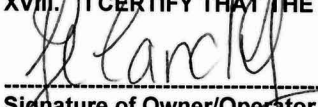
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THE REGULATION (40CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation).


Signature of Owner/Operator John Tardy

12/30/2011

Date

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.


Signature of Owner/Operator John Tardy

12/30/2011

Date